

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/492300 1-27-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
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50						
TOTAL IND.	/					
TOTAL DEP.	5					
TOTAL CLAIMS	6					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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55	/					
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TOTAL CLAIMS						